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CONFIRMATION NO. 8939

<b>SERIAL NUMBER</b> 10/655,980	<b>FILING OR 371(c) DATE</b> 09/05/2003 <b>RULE</b>	<b>CLASS</b> 600	<b>GROUP ART UNIT</b> 3737	<b>ATTORNEY DOCKET NO.</b> P-11669.00	
<b>APPLICANTS</b> Stanten C. Spear, Arden Hills, MN; James F. Kelley, Coon Rapids, MN; Johnson E. Goode, Maple Grove, MN;					
<b>** CONTINUING DATA *****</b> <i>JS</i>					
<b>** FOREIGN APPLICATIONS *****</b> <i>JS</i>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 12/05/2003</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>JS</i> Examiner's Signature <i>JS</i> Initials <i>JS</i>		<b>STATE OR COUNTRY</b> MN	<b>SHEETS DRAWING</b> 15	<b>TOTAL CLAIMS</b> 43	<b>INDEPENDENT CLAIMS</b> 3
<b>ADDRESS</b> 27581					
<b>TITLE</b> Deflectable medical therapy delivery device having common lumen profile ✓					
<b>FILING FEE RECEIVED</b> 1164	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		